



TreasuryDirect®

# TREASURY MARKETABLE SECURITIES TENDER

For Tender Instructions, See PD F 5382

TYPE OR PRINT IN INK ONLY – TENDERS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS

<b>1. NONCOMPETITIVE BID INFORMATION</b> <b>Par Amount:</b> \$ _____ <small>(Sold in units of \$1,000)</small>		<b>2. TreasuryDirect ACCOUNT NUMBER</b> <small>(If NOT furnished, a new account will be opened.)</small> _____		<table border="1" style="width:100%; border-collapse: collapse;"><tr><th style="text-align: center;">DEPARTMENT USE</th></tr><tr><td style="text-align: center;">TENDER NO.</td></tr><tr><td style="text-align: center;">RECEIVED BY/DATE</td></tr></table>		DEPARTMENT USE	TENDER NO.	RECEIVED BY/DATE						
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<b>3. TAXPAYER ID NUMBER</b> <small>(Must Be Completed)</small> Social Security Number (First-Named Owner) _____ <b>OR</b> Employer ID Number _____				<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;">ENTERED BY</td></tr><tr><td style="text-align: center;">APPROVED BY</td></tr><tr><td style="text-align: center;">ISSUE DATE</td></tr><tr><td style="text-align: center;">CUSIP 912795-</td></tr><tr><td style="text-align: center;">CUSIP 912828-</td></tr><tr><td style="text-align: center;">FOREIGN <input type="checkbox"/></td></tr><tr><td style="text-align: center;">BACKUP <input type="checkbox"/></td></tr><tr><td style="text-align: center;">REVIEW <input type="checkbox"/></td></tr><tr><td style="text-align: center;">CHECK #</td></tr></table>		ENTERED BY	APPROVED BY	ISSUE DATE	CUSIP 912795-	CUSIP 912828-	FOREIGN <input type="checkbox"/>	BACKUP <input type="checkbox"/>	REVIEW <input type="checkbox"/>	CHECK #
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<b>4. TERM SELECTION</b> <small>(Fill in One)</small> <small>(Must Be Completed)</small> <b>Bill</b> Select the number of reinvestments  <input type="radio"/> 13-Week.....  <input type="radio"/> 26-Week.....  <b>Note</b>  <input type="radio"/> 2-Year Note <input type="radio"/> 3-Year Note <input type="radio"/> 5-Year Note <input type="radio"/> 10-Year Note  <b>TIPS</b>  <input type="radio"/> 5-Year <input type="radio"/> 10-Year <input type="radio"/> 20-Year		<b>5. ACCOUNT NAME</b> <small>(Must Be Completed)</small> _____ _____ _____ _____ _____  <b>6. ADDRESS</b> <small>(For new account or changes to existing accounts.)</small> <input type="radio"/> New Address? _____ _____ _____ _____ _____ City _____ State _____ ZIP Code _____												
<b>7. TELEPHONE NUMBERS</b> <small>(For new account or changes to existing accounts.)</small> <input type="radio"/> New Phone Number? Home _____ Alternate _____		<b>9. PURCHASE METHOD</b> <small>(Must Be Completed)</small> <input type="radio"/> Pay Direct® * <small>(Existing TreasuryDirect Account Only)</small>  <input type="radio"/> Checks: \$ _____ Make checks payable to TreasuryDirect. Personal checks are acceptable ONLY for notes and TIPS. \$ _____ <input type="radio"/> Other \$ _____ Total Payment Attached: \$ _____ <b>CHECKS ARE DEPOSITED IMMEDIATELY</b>												
<b>8. PAYMENT INFORMATION</b> <small>(For new account only.)</small> <b>Changes? Submit PD F 5178.</b> Routing Number _____ Financial Institution Name _____ Financial Institution Account Number _____ Name on Account _____ Account Type: <small>(Fill in One)</small> <input type="radio"/> Checking <input type="radio"/> Savings														
<b>10. AUTHORIZATION</b> <small>(Must Be Completed – Original Signature Required)</small> <b>Tender Submission:</b> I submit this tender pursuant to the provisions of Department of the Treasury Circulars, Public Debt Series Nos. 2-86 (31 CFR Part 357) and 1-93 (31 CFR Part 356), and the applicable offering announcement. As the first-named owner and under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, <b>and</b> 3) I am a U.S. person (including a U.S. resident alien). I further certify that all other information provided on this form is true, correct, and complete.  <b>Certification instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.  <b>Pay Direct:</b> * (If using this purchase method.) I authorize a debit to my account at the financial institution I designated in TreasuryDirect to pay for this security. I understand that the purchase price will be charged to my account on or after the settlement date. I also understand that if this transaction cannot be successfully completed, my tender can be rejected, the transaction canceled, and a <b>1% penalty assessed</b> . If there is a dispute, a copy of this authorization may be provided to my financial institution.  _____ Signature(s) _____ Date _____														

## NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in the instructions (PD F 5382).**

## **Common Registration Options**

Investors in marketable Treasury securities have a broad choice of registration options under *TreasuryDirect*® which are designed to address their needs and ownership situations. These options establish clear ownership and survivorship rights. Other options are available—for guidance, consult the *TreasuryDirect Investor Kit* (PD P 009) or your Treasury Retail Securities Site. Remember: If you have two names in the registration and don't include a connective (and, or, or POD), we will reject the tender. Also, when using “and” in the registration, include “with right of survivorship” or “without right of survivorship.” If you don't, “without” will be used when the account is established.

### **To register your security like this:**

#### **An account in the name of one individual.**

Your name should appear the way you usually use it (preferably with at least one full given name).

#### **An account in the names of two people, joined by the word “and” and ending with “with right of survivorship.”**

This creates a conclusive right of survivorship. Both owners must authorize transaction requests.

#### **An account in the names of two people, joined by the word “and” and ending with “without right of survivorship.”**

This does not create a right of survivorship. If one owner dies, his or her share passes on to the estate, not to the other owner. Both owners must authorize transaction requests.

#### **An account in the names of two people, joined by the word “or.” This creates a conclusive right of survivorship.**

Either owner may authorize transaction requests.

**An account in your name, followed by the words “payable on death to” or “POD” another individual or the United States Treasury** (proceeds would then be used to reduce the public debt). The beneficiary has no ownership rights prior to the owner's death. You must identify the beneficiary's status in the registration if he or she is a minor or incompetent. The owner authorizes transaction requests. No consent from the beneficiary is needed.

**An account in the name of an executor, administrator, legal guardian, conservator or other representative of an estate.** You must make sure the name of the estate is adequately identified in the registration.

**An account in the name of the trustee(s) of a trust.** Trusts may be created by wills, agreements, indentures, deeds, declarations of trust, or similar instruments. You must include language that adequately identifies the authority or document by which the trust was created.

**An account in the name of a private corporation, unincorporated association or partnership.** You must include the full legal name and status (corporation, unincorporated association or partnership). You may reference a particular account or fund, other than a trust fund.

### **Select this option:**

#### **Single Ownership**

*Mary Benson Doe*

#### **Joint Ownership with Right of Survivorship**

*Elizabeth Black and Jane Brown, with right of survivorship*

#### **Joint Ownership Without Right of Survivorship**

*John B. Butte and Mary B. Doe, without right of survivorship*

#### **Co-ownership**

*James Black or Carolyn Black*

#### **Beneficiary**

*Jane Investor, payable on death to Junior Investor, a minor*

*Jack S. Jones, payable on death to Ellen H. Jones*

#### **Estate Representative**

*John Smith and Joseph Jones, Executors of the Will of James Brown, deceased*

#### **Trustees**

*Robert C. Jones and Mary E. Doe, Trustees under declaration of trust dated 9/2/76*

#### **Private Organizations**

*The Standard Manufacturing Corporation*

### **Provide this:**

SSN

SSN of the first-named owner

SSN of the first-named owner

SSN of the first-named owner

SSN of the owner

SSN of the owner

EIN or SSN of the decedent

EIN or SSN of the first-named owner

EIN